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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/136,483	08/19/1998	SUJEET KUMAR	2950.25US01	1810
62274 7590 05/13/2009 DARDI & ASSOCIATES, PLLC 220 S. 6TH ST. SUITE 2000, U.S. BANK PLAZA MINNEAPOLIS, MN 55402				
EXAMINER MARCHESCHI, MICHAEL A				
ART UNIT		PAPER NUMBER		
1793				
MAIL DATE		DELIVERY MODE		
05/13/2009		PAPER		

Please find below and/or attached an Office communication concerning this application or proceeding.

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Board of Patent Appeals and Interferences

DARDI & ASSOCIATES, PLLC 220 S. 6TH ST. U.S. BANK PLAZA SUITE 2000 MINNEAPOLIS, MN 55402	Appeal No: 2009-2499 Appellant: SUJEET KUMAR, HARIKLIA DRIS REITZ, Application: XIANGXIN BI, NO BUYUKI KAMBE et al. No: 09/136,483 Hearing Room: A Hearing: A Docket: Wednesday, June 10, 2009 Hearing Date: 01:00 PM Hearing Time: Madison Building - East Wing Location: 600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450
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**NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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Date

Registration No.

Names of other visitors expected to accompany counsel: _____

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